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**PANEL QUALIFIED MEDICAL REEVALUATION**

**RE:** SHOCKLEY, Jonathan  
**DOB:** 09/27/78  
**DOI:** 02/15/19 cumulative trauma  
**CLAIM#:** 7173815490  
**EMP:** Cardionet

Dear Concerned Parties:

Mr. Jonathan Shockley had an appointment for reevaluation with me at 490 Post Street, Suite 901, San Francisco, California from 1:45 p.m. to 2:15 p.m.

There were no medical records to review. This will be billed as an ML202.

**INTERVAL HISTORY:** I last saw Mr. Shockley on 03/01/21, at which point I declared him permanent and stationary. It is unclear to me exactly why he is being rescheduled today, as he had had no significant changes in his bilateral shoulder, arm or hand pain. He did have a diagnosis of peripheral neuropathy at the cubital tunnel, the carpal tunnel, and cervical radiculopathy.

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**6. How well can you sit for a period of time (even with some pain and discomfort) before you absolutely have to stand, walk or lay down?**

- ☒ I can sit without any time limitations
- ☐ I can sit between 1-2 hours at a time
- ☐ I can sit between 30-60 minutes at a time
- ☐ I can sit between 15-30 minutes at a time
- ☐ I can sit for less than 15 minutes at a time
- ☐ I cannot sit at all

**7. How well can you stand or walk for a period of time (even with some pain and discomfort) before you absolutely have to sit or lay down?**

- ☒ I can stand or walk without any time limitations
- ☐ I can stand or walk between 1-2 hours at a time
- ☐ I can stand or walk between 30-60 minutes at a time
- ☐ I can stand or walk between 15-30 minutes at a time
- ☐ I can stand or walk for less than 15 minutes at a time
- ☐ I cannot stand or walk at all

**8. How well can you reach and grasp something off a shelf at chest level?**

- ☐ No difficulty (and you can easily perform the activity)
- ☒ Some difficulty (but you can still perform the activity well enough)
- ☐ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**9. How well can you reach and grasp something off a shelf overhead?**

- ☐ No difficulty (and you can easily perform the activity)
- ☒ Some difficulty (but you can still perform the activity well enough)
- ☐ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**10. How well can you push or pull (even with some pain or discomfort)?**

- ☐ I can push or pull very heavy objects
- ☒ I can push or pull heavy objects
- ☐ I can push or pull light objects
- ☐ I can push or pull very light objects
- ☐ I cannot push or pull anything

**11. Do you have any difficulty with gripping, grasping, holding and manipulating objects with your hands?**

- ☐ No difficulty (and you can easily perform the activity)
- ☐ Some difficulty (but you can still perform the activity)
- ☒ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**12. Do you have any difficulty with repetitive motions such as typing on a computer?**

- ☐ No difficulty (and you can easily perform the activity)
- ☐ Some difficulty (but you can still perform the activity)
- ☒ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**13. Do you have any difficulty with forceful activities with your arms and hands?**

- ☐ No difficulty (and you can easily perform the activity)
- ☐ Some difficulty (but you can still perform the activity well enough)
- ☒ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**14. Do you have any difficulty with kneeling, bending or squatting?**

- ☒ No difficulty (and you can easily perform the activity)
- ☐ Some difficulty (but you can still perform the activity)
- ☐ A lot of difficulty (but you can still do the activity)
- ☐ Unable (you cannot do this activity without help)

**15. Do you have any difficulty with sleeping?**

- ☐ I have no trouble sleeping because of my injury
- ☐ My sleep is slightly disturbed (less than 1 hour sleepless) because of my injury
- ☒ My sleep is mildly disturbed (1-2 hours sleepless) because of my injury
- ☐ My sleep is moderately disturbed (2-3 hours sleepless) because of my injury
- ☐ My sleep is greatly disturbed (3-5 hours sleepless) because of my injury
- ☐ My sleep is completely disturbed (5-7 hours sleepless) because of my injury

**16. In regards to sexual changes since and because of your injury:-**

- ☐ There has been no change because of my injury
- ☐ There has been a slight change because of my injury
- ☐ There has been a moderate change because of my injury
- ☒ There has been a major change because of my injury
- ☐ No sexual functioning because of my injury

**17. In regards to your pain at the moment?**

- ☐ I have no pain at the moment
- ☐ My pain is mild at the moment
- ☒ My pain is moderate at the moment
- ☐ My pain is severe at the moment
- ☐ My pain is the worst imaginable at the moment

**18. In regards to your pain most of the time?**

- ☐ I have no pain most of the time
- ☐ My pain is very mild most of the time
- ☒ My pain is moderate most of the time
- ☐ My pain is fairly severe most of the time
- ☐ My pain is the worst imaginable most of the time

**19. How much do your injury and/or pain interfere with your ability to travel?**

- ☐ None
- ☒ Some or a little of the time
- ☐ Most of the time
- ☐ All of the time – I can't travel

**20. How much does your injury and/or pain interfere with your ability to do daily chores (laundry, housekeeping, shopping, and cooking)?**

- ☐ None
- ☐ Some or a little of the time
- ☒ Most of the time
- ☐ All of the time – I can't do these things

**21. How much do your injury and/or pain interfere with your ability to engage in social activities?**

- ☐ None
- ☒ Some or a little of the time
- ☐ Most of the time
- ☐ All of the time – I can't engage in social activities

**22. How much do your injury and/or pain interfere with your ability to engage in recreational activities or travel?**

- ☐ None
- ☒ Some or a little of the time
- ☐ A lot or most of the time
- ☐ All of the time – I can't engage in recreational activities or travel

**22. How much do your injury and/or pain interfere with concentrating or thinking?**

- ☐ None
- ☒ Some or a little of the time
- ☐ A lot or most of the time
- ☐ All of the time – I can't concentrate or think very clearly

**23. How much has your injury and/or pain caused emotional distress with depression or anxiety?**

- ☐ None
- ☒ Some or a little of the time (mild depression or anxiety)
- ☐ Most of the time (moderate depression or anxiety)
- ☐ All of the time (severe depression or anxiety)

**25. Which of the following statements are true for you?**

- ☐ There is probably some surgery that could make me better
- ☐ I believe there is little hope for me now and I would rather be left alone
- ☒ I believe it is possible to be more active, take less medicine and better manage my pain



**26. Has there been any change in your ability to communicate since or because of the injury?**

	No change	Mild change	Moderate change	Severe change
Writing				X
Typing				X
Seeing	X			
Hearing	X			
Speaking	X			

**27. Regarding your ability to work:-**

- ☐ I can work as much as I want
- ☐ I can only do my usual work, and no more
- ☐ I can do most of my usual work, but no more
- ☒ I cannot do my usual work
- ☐ I can hardly do any work at all
- ☐ I cannot do any work at all

**28. Check all the following statements that are true:-**

- ☒ I am afraid that if I exercise I will hurt myself
- ☒ My body is telling me I have something dangerously wrong
- ☐ My injury has put my body at risk for the rest of my life
- ☐ Pain always means I have injured my body
- ☐ Resting is the best thing I can do to prevent more pain and injury
- ☒ I can't do much because it is too easy for me to get injured
- ☐ No one should have to exercise when he/she is in pain